

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)
 7590 05/29/2003

Christopher J McDonald
 Hoffman Wasson & Gitler
 2361 Jefferson Davis Highway Suite 522
 Arlington, VA 22202



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/868,900	07/09/2001	Gualtiero Valeri	A-7485	1218

TITLE OF INVENTION: POLYMERIC MATERIAL WITH ANTISTATIC PROPERTIES AND METHOD AND METHOD FOR OBTAINING IT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	\$650	08/29/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
AYLWARD, DAVID E	1712	523-457000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Renzo ALBERTINI; CRYVET S.R.L.;

Domenico BOMBARDINI; and

Armando ARTUSO

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ITALY

Please check the appropriate assignee category or categories (will not be printed on the patent) ☒ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.

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(Authorized Signature)

(Date)

Christopher J McDonald 8/29/03

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